. 08-01-05

PTO/SB/21 (09-04)

10 E V		Application Number	10/656,493						
ነ ` ຼື ጎ <u>ኒ</u>	RANSMITTAL	Filing Date	September 5, 2003						
」 g nub 曽 FORM		First Named Inventor	Kaneko, Seiji						
Mr &		Art Unit	2188						
(to be god for all correspondence after initial filing)		Examiner Name	Mano Padmanabhan						
Total Number o	f Pages in This Submission 25	Attorney Docket Number	16869K-093600US						
ENCLOSURES (Check all that apply)									
Fee Tran	smittal Form	Drawing(s)	After Allowance Communication to TC						
	Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
Prelimina	rry Amendment	Petition to Make Special	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
	After Final	Petition to Convert to a	Proprietary Information .						
	Affidavits/declaration(s)	Provisional Application Power of Attorney, Revocation							
		Change of Correspondence Addre	Status Letter Other Enclosure(s) (please identify						
Extension	n of Time Request	Terminal Disclaimer	below):						
Express	Abandonment Request	Request for Refund	Return Postcard Ten (10) cited references						
Information	on Disclosure Statement	CD, Number of CD(s)							
	Landscape Table on CD								
Certified	Certified Copy of Priority Remarks The Commissioner is authorized to charge any additional fees to Deposit								
	Document(s) Certified Copy of Priority Account 20-1430.								
Reply to Missing Parts/ Incomplete									
	Application Reply to Missing Parts								
	under 37 CFR 1.52 or 1.53								
	SIGNATURE	OF APPLICANT, ATTORNE	Y, OR AGENT						
Firm Name	Townsend and Townsend a	nd Crew LLP							
Signature	1 1/4 1	-							
	The Man	4							
Printed name	Chun-Pok Leung								
Date July 28, 2005		Reg. No.	41,405						
CERTIFICATE OF TRANSMISSION/MAILING									
Express Mail Lat	pel: EV 656874791 US								
I hereby certify t	I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address"								
service under 37 1450 on the date	CFR 1.10 on this date July 28, 200 shown below.	5 and is addressed to: Commission	er for Patents, P.O. Box 1450, Alexandria, VA 22313-						
Signature									
Signature									
Typed or printed	name Joy Salvador		Date July 28 2005						

Effection							PTO/SB/17 (12
	ve on 12/08/200	04.			Comp	olete if Known	
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Appl	ication Number	10/6	56,493	
、 歩 摩座 TRANSMITTAL			Filin	g Date	September 5, 2003		
້ຶ່ For FY 2005			First	Named Inventor	Kaneko, Seiji		
<u> </u>			Exa	miner Name	Mano Padmanabhan		
Applicant claims small entity status. See 37 CFR 1.27		Art (Jnit	2188			
TOTAL AMOUNT OF PAY	MENT (\$)	130.00	Atto	rney Docket No.	1686	9K-093600US	
METHOD OF PAYMENT	(check all t	hat apply)					
Check Credit (Card M	Ioney Order No	ne [Other (please ide	entify):	•	
Deposit Account D	eposit Accoun	it Number: 20-1430		– Deposit Account Nar	-	nsend and Towns	send and Crew I
For the above-ider	ntified deposit	account, the Director is		•			
Charge fee(s)	•		•			ated below, exce	pt for the filing
		s) or underpayments of	fee(s)	K-21			
under 37 CFR WARNING: Information on this	t 1.16 and 1.1	17		Credit any o			
Information and authorization	on PTO-2038	ome public. Credit card i	mormati	on should not be in	Judea o	m trus Ionn. Piovia	e credit card
FEE CALCULATION	. 4. "						
1. BASIC FILING, SEAF							
	FILING	FEES SE	EARCH Sma	FEES EX Entity		ATION FEES nall Entity	
Application Type	Fee (\$)		e (\$) F			Fee (\$)	Fees Paid (
Utility	300	150 5	00 2	250	200	100	
Design	200	100 1	00	50	130	65	
Plant	200	100 3	00	150	160	80	
Reissue	300	150 5	00 2	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEE	s						Smal
Fee Description							Fee (\$) F
Each claim over 20 or, for							50
		or Reissues, each ind	lepende	nt claim more th	ian in t	the original pate	ent 200 1 360 1
Each independent claim							300 1
Multiple dependent clain		s Fee (\$)	Fee Paid	d (\$) M	ultiple	Dependent Clain	ns
	Extra Claim	<u>ns Fee (\$)</u>	Fee Paid	<u>d (\$)</u> <u>M</u>	ultiple Fee (\$	Dependent Clain Fee Paid	
Multiple dependent claim Total Claims -20 or HP = HP = highest number of total cla	Extra Claim	x = greater than 20					
Multiple dependent claim Total Claims -20 or HP = HP = highest number of total claindep. Claims	Extra Claim ims paid for, if g Extra Claim	x = = = = = = = = = = = = = = = = = = =	Fee Paid				

SUBMITTED BY						
Signature	L-Chfs4	Registration No. (Attorney/Agent) 41,405	Telephone 650-326-2400			
Name (Print/Type)	Chun-Pok Leung		Date July 28, 2005			